



Workshop Request Form

Contact Information

Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

What is your role in planning this workshop?

☐ I make the decision.

☐ I am consulted on the decision.

☐ My manager makes the decision.

Organization Information

Organization Name: _____

Organization Address: _____

Workshop Information

Expected Number of Participants: _____

Preferred workshop dates:

First Option: _____ Second Option: _____

Third Option: _____

Workshop Duration:

- ☐ Half Day (Up to 3.5 hours)
- ☐ Full Day
- ☐ Two Days

Where do you wish this workshop to be held?

- ☐ Rice University Campus – Anderson-Clarke Center
- ☐ Your Facility: _____
- ☐ Other: _____

Topics of Interest:

- ☐ Creativity and Innovation ☐ Communication ☐ Leadership
- ☐ Team Building ☐ Design Thinking

Workshop Format Options:

Choose one of the workshop formats below, which will be used to facilitate your topic of interest.

- ☐ BlockBusters – *Using LEGO® SERIOUS PLAY® materials and methodology*
- ☐ Creative Problem Solving
- ☐ Thinking on Your Feet

What else can you tell us to better help you with your training needs?
